CANCER, NÆVI MATERNI, NOLI ME TANGERE, AND INDOLENT ULCERS REMEDIABLE.

CANCER, &c. EXTIRPATED WITHOUT THE KNIFE;

BEING A

NEW, MILD, AND EFFICACIOUS MODE

OF TREATING

SCIRRHOUS AND GLANDULAR DISEASES.

BY T. BATTYE, M.R.C.S.

"Convenons donc franchement que les maladies qui portent le nom de Cancer ne sont réellement pas incurables dans tous les cas, surtout lorsque les moyens appropriés sont employés à temps."—*Bouillaud.*

SECOND EDITION.

LONDON:
PUBLISHED BY JOHN R. PRIESTLEY,
47, HIGH HOLBORN.

MDCCCXXXIX.

304851

PREFACE.

In the treatment of the Diseases, to the consideration of which the following pages are chiefly devoted, a wide field for discovery has been left open, the limits of which it is the object of the writer to narrow and confine. The possibility of cure has been hitherto occasionally asserted, but oftener denied. May he be allowed to hope, that it will no longer admit of reasonable doubt.

16, *New Broad Street*,

June, 1839.

ERRATA.

Page 30, l. 12, for *affects* read *effects* Throughout the work for *schirrous* read *scirrhous*.

INTRODUCTION.

THE writer of the following pages has long hesitated before he could resolve to publish. The mode of treatment now brought forward had had a long and searching trial, its efficacy had been fully tested, and its success proved; yet he shrank from making the result public. The coldness with which the medical profession invariably receives an innovation on the established practice, the suspicion with which a secret remedy is ever viewed, and a natural repugnance to run counter to the prejudices of his brethren, all combined to render him reluctant to take the present step. That this betrays a want of

5

moral courage he will not deny; still, such were his feelings, and it has required the prompting of very strong motives to enable him to overcome them. Not, however, that there were either precedents or arguments wanting to justify him in the resolution he has at length embraced. There is scarcely a principle in the practice of the day which has not been bitterly decried and violently opposed, ere it became authority; and many of the most universally used and valuable medicines in our *Materia Medica* either once were, or still are, secrets. To a certain extent, indeed, all practice is secret. It is a common position to say, that were the patient aware of the contents of the prescription, it would lose its effect; and hence the retention of the barbarous jargon in which these mandates of life or death are yet writ-

ten. Nay, more, scarcely two writers agree in their estimate of the effects and value of any given drug; and of the mode in which most medicines act, we can but speak hypothetically. An effect may be obvious, yet its cause ever escape our scrutiny.

It were easy to extend the above line of argument, and to give in detail what is now advanced summarily. To go no further than the disease of which I am about to treat, there is not a point involving either its nature or its treatment, that is not a subject of controversy. A reference to medical literature will prove the truth of this assertion: indeed, the reader will find ample evidence of it in the course of the present work. The knife is all in all with some, is utterly and justly reprobated by others. Mercury is liberally

thrown in by one class of practitioners, is rejected as fatally injurious by another. One hypothesis as to the nature of Cancer refers it to stagnation of the lymph; a second to the agency of certain gases; and a third to hydatids, or the organization of a living product. Whichever way we turn, there is a difference of opinion; or, in other words, the causes and intrinsic nature of the disease are equally involved in obscurity. With respect to the question of secresy, we have lived to see a secret remedy employed in Hospital practice, and a Professor liberal enough not only to allow of its introduction, but to submit himself to its agency, and give the weight of his personal testimony to its successful result. In medicine, indeed, it is with the result that we have most to do. It surely more nearly concerns ourselves

and patients to be able to cure a disease by an unknown agent, than constantly to fail with the poor consolation of nominally knowing the useless drugs we have employed. The term *specific* was not long since held in as much opprobrium as that of secret; yet, it is now received as applicable to the powers of several therapeutic agents; and it would be as absurd to accuse that bright ornament of our English school, the late Mr. Abernethy, of empiricism, on account of his *book*—or the one disease and the one remedy—as to pour out the vials of professional wrath on a man who should assert Quinine to be a specific for ague, or the blue pill for bile. The word, in these cases, is taken *quantum valeat*, and no more; and the time will arrive when, before passing judgment on a newly proposed remedy,

the profession will wait to see its effects, and will suffer the mere circumstance of its being unknown to go for just what it is worth.

To drop the third person—I candidly confess that although the above, and similar reasons, satisfied my judgment, they could not remove the objections I entertained to break the trammels imposed by a respectable prejudice on our profession. And now that I have made up my mind to pursue what is, after all, the straightforward course, I nevertheless feel the task a painful one. I may, indeed, console myself with the reflection that the slur of empiricism is eagerly attempted to be fastened on more than one of the most talented of our time, simply because they seek for those means of cure which we at present want, in every new form or sub-

stance elicited by chemical discovery. They are loth to believe that nature is not at the least as fertile in remedy, as suffering humanity is in pain ; and, where every known medicine is useless, think themselves justified in wresting a cure from the untried or but partially known. The blessings of their patients may well indemnify them for the "jealous eye malign" of their more formal associates.

The propensity to disparage every attempt which diverges from the usual routine, seems almost inherent in the human bosom. Nothing is more difficult to eradicate than a preconceived opinion ; partly, because we are disinclined to acknowledge that our judgment has been fallacious, and, partly, because it is annoying to have the quiescent equipoise of reason and prejudice unbalanced. We

are far more ready to pardon any personal trouble, than disturbance of the slumber of the mind. The promulgation of a discovery in any branch of inquiry is the signal for attack. If the principles on which it is based be ever so openly promulgated, they are alike liable to misapprehension and misrepresentation. If concealed, the facts by which they are supported are altogether disregarded. On the one side is Scylla, on the other Charybdis. Either way the discoverer must be content to incur the penalty, which has been paid by the most illustrious of his profession. Yet why, in this instance, is the practice kept secret?

Because, circumstances will have it so. I saw the results of a mode of practice which I was told might be mine, with the one limitation of secresy. This was indis-

pensable, although I was not given to understand the motive. Perhaps this motive was simply prudential: the discoverer of this new system of treatment, deterred by the fate of others, may have feared disputes as to the priority of his claim; or he may have dreaded the clamour and invective with which innovations are ever assailed. Perhaps he may have considered, with the generality of the profession, that the keeping the patient in the dark as to the means employed, was the first step to a cure; or, finally, he might himself have been fettered by some solemn promise. However this may be, his determination was unalterable, and it remained for me either to reject a valuable discovery, or to accept it burthened with this one condition.

I can truly affirm that, so far as my

interest is concerned, and putting my feelings out of the question, I should not hesitate for a moment to divulge my *modus operandi*, were I free so to do. It would, I conceive, be infinitely more to my advantage in a pecuniary point of view. There could be no distrust on the part of the profession; and the public would, I presume, prefer the attendance of him who might be most habituated to the practice. Did the means of cure I profess consist of one drug, or one given formula of medicine, or one unvarying application, the case would be different, and I might be suspected, without illiberality, of affecting secresy from unworthy motives. As it is, secresy is calculated to injure rather than advance my purposes. Although the basis of my practice is virtually the same, one of its chief merits and a main source of its

wide utility, consists in its susceptibility of being so modified as to meet most cases of Schirrous and Carcinomatous disease. Hence the appliance of these modifications would become the test of surgical skill; and, were I at liberty to make the practice known, I should rest my title to success, and I trust I may say so without the charge of presumption, on the experience I have gained by an entire devotion to the study of cancerous disease.

In writing the above, I have addressed myself to the prejudices of the professional, rather than to the unbiassed mind of the general reader. It is, however, for the benefit of the latter that the accompanying brief essay has been written. An outline of my practice is therein traced; sufficient is developed to prove that it is

founded on the only solid ground medicine can build upon—pathological anatomy; and the illustration afforded by the cases I am empowered to bring forward will convince the suffering that there is little pain, and no danger, to be apprehended from it. I will even go further, and assert that none will examine its claims without being convinced that it is, at least, worthy of consideration; and that many, even of my own profession, will be inclined to waver in their belief of the necessary fatality of Cancer.

CANCER EXTIRPATED

WITHOUT THE KNIFE, &c.

THE word, Cancer, is one of those figurative expressions for which we are indebted to the Greeks, and still retain for want of a more definite term. It was at first used to designate a tumour in the breast, from which large veins appear to be protruded like claws, suggesting to the fertile fancy of that imaginative people the idea of a crab—in Greek *καρκίνος*, in Latin, *Cancer*. Indeed, in every science we are forced to recur to similar general expressions, so long as we remain ignorant of the exact nature of the things we wish to name; and it is certain that neither the Greek, nor Latin physicians,

entertained any precise notion of the intrinsic nature of the disease to which they gave the above appellation. Hence it was in process of time applied to every other disease, external or internal, which bore any resemblance to the primitive type; and thus the word *Cancer* which was at first an individual, gradually became a generic term. Even with the additional aid medical science has of late years received from the more diligent study of pathological anatomy, it is still impossible to give a satisfactory definition of this Protean disease.

Some pathologists conceive that we should draw its characters from its common and constant symptoms, such as its uniform progress onward, never retrograde; its conversion of the parts adjoining the locality of the affection into a

pathological state analogous to its own, and their consequent destruction; the invariably fatal termination of the disease if abandoned to nature, and too frequently notwithstanding the efforts of art; the peculiar appearance of the ulcer, and the nature of the pain; and its universal tendency, under all its forms, to reproduction. These leading features are undoubtedly serviceable towards the understanding of a disease, the true nature of which has yet escaped us; but they are still insufficient to characterise cancer. Exceptions and anomalies, comprehensive as the above enumeration may seem, occasionally present themselves. At one time, a large cancerous tumour will mortify, slough, and come away, to the astonishment of the medical attendant, who cannot possibly foresee such an effort of the *vis medi-*

catrix naturæ ; at another, ulcers, evidently resting on a cancerous base, will cicatrise and heal ; Abernethy has pointed out that lancinating pains are occasionally felt in affections distinct from Cancer ; finally, there are some internal Cancers which never reach the ulcerative stage. If, indeed, we add to the above characters drawn from the symptoms, those derived from pathological anatomy, although their consideration is invaluable as regards the treatment, they are still so far contradictory and doubtful that we are nearly as ignorant as ever of the essential principle of cancerous disease.

As this treatise is addressed to the general rather than the scientific reader, it would be out of place to enter at any length into the various theories on the causes of Cancer, which have been alter-

nately propounded and impugned. One class of continental pathologists adopt the opinions of Broussais, and refer the origin of the disease to an inflammatory or sub-inflammatory state of the vessels. To this doctrine it may justly be objected *in limine* that it seems gratuitous to impute a disease to a cause, the usual symptoms and appearances of which are absent, since Cancer may not only be established, but may go on increasing, without displaying either the local, or general signs, of the inflammatory process. Andral considers Cancer to arise from a lesion of nutrition, or in other words, from some interruption to the healthy performance of that beautiful function of the animal economy by which the several solids receive from, and return to, the nutritive fluid, a succession of particles similar to those of which their

structure is already composed. "Who," he writes, "will now take upon himself to deny, that in certain tumours called *schirrous*, composed as they are of cellular tissue, having its areolæ filled with concreted albuminous matter, there may not, as in the general induration of the same tissue in new-born infants, be a concomitant alteration of the blood? May not the blood furnish this schirrous deposit which makes its appearance simultaneously in different and often remote parts of the body; which has a remarkable tendency to be reproduced in those parts from which it has once been removed, and which, in many cases, is preceded by no appreciable alteration in the structure of the part affected?" This view of the subject, which Andral himself confesses to be "purely hypothetical," has been taken up

and ably developed by Dr. Carswell; and as I agree with Andral in thinking that it accounts satisfactorily for several circumstances connected with the production of schirrous tumours, which are otherwise inexplicable, I shall take occasion to revert to it.

Of the various well-known facts connected with the consideration of Cancer, that of its reproduction either in the parts in which it first displayed itself, or in organs more or less distant from it, is one which has forcibly struck every inquirer. It is, indeed, a very singular characteristic of the disease; but it is, likewise, one from which many erroneous conclusions have been drawn as to the essential nature of Cancer.

The immediate reproduction of the malady in its original seat is a common

consequence of operations by the knife, and arises from the general impossibility of removing the finer and deeper seated ramifications by this means: it is, in fact, the result of imperfect extirpation, there remaining a germ, as it were, from which the cancerous growth sprouts out afresh.

When Cancers are met with in different organs, in individuals from whom external Cancers have been removed, there is a possibility that they may have existed previously to the operation, and may have been developed by causes similar to those which had generated the extirpated one; or the chronic irritation which is an occasional cause of external Cancer may have been communicated by sympathy to the internal viscera. Another hypothesis that has been brought forward in explanation of this phenomenon is the conveyance, by re-absorption, of the softened

cancerous matter into the venous system, and its subsequent deposition in the lungs, liver, and other internal organs. This view of the subject has found pretty general favour; yet it must not be forgotten, as is ingeniously argued by a foreign pathologist, "that if internal cancerous productions may thus be developed by re-absorption of the matter contained in external Cancers, the converse ought to hold good; that is, some external cancerous productions may in their turn result from the re-absorption of softened matter originally developed in the viscera, and afterwards deposited in the cellular tissue of the external organs."

This same fact of the reproduction of Cancer has received another interpretation in the alleged existence of a constitutional taint, to which the name of the

cancerous diathesis has been given. There exists, say the chief upholders of this doctrine, an internal disposition in the system which is of itself sufficient to give birth to Cancer; it is this disposition, or *diathesis*, which is the true and only cause of the reproduction of Cancer after extirpation; and in this originates the simultaneous or successive developement of several distinct Cancers in different organs, often very remote from each other. According to the same writers, this cancerous diathesis may exist for a long period, and even for life, without being manifested by any external sign, and without producing any cancerous disease; and then they proceed to examine whether the said diathesis is contracted previously to birth, or supervenes at a certain period of life. This hypothesis again is met by

the counter argument, that the recognition of a certain disposition of the body which neither displays any external sign, nor gives rise to any cancerous disease, is a contradiction in terms, and involves an impossibility. Another consequence of the admission of this principle would be the positive incurability of Cancer; a point which, I trust, will ere long be generally considered untenable.

Leaving, however, for the present the consideration of the causes of Cancer, which, in fact, can only be a record of conflicting opinions, supported by names of high authority, yet only serving to show our real ignorance, I shall proceed to consider those general phenomena and general laws which are of most importance as our guides in practice.

The three principal conditions by which

cancerous productions are modified, are the nature of the tissues in which they are seated, and the age and sex of the patient. There is no tissue, except perhaps the articular cartilages, which can be considered free from their attacks; since the lesion of nutrition that constitutes Cancer may be developed in every part of the human frame, and may manifest itself either in a primary form, that is, as affecting a particular organ only, or may be extended by some latent channel to a different order of organs from that in which it first appeared, in which case it becomes a secondary affection. Thus, the lymphatic ganglia of the armpits are at times attacked, without any disposition to disease being observable in the breasts; the muscular tissue, the heart, and even the bones have been known to

be primitively affected; and, in its secondary form, the contamination commonly spreads to the lungs, mesentery, brain, liver, &c. The relative susceptibility of the various tissues to the cancerous degeneration is widely different. The more delicate organs of either sex are its most common seat; next in point of frequency may be ranked Cancers of the eye, the tongue, the skin, and of the lips and face in particular; and then those of the internal organs, as the liver, stomach, rectum, &c. But whatever be the parts in which the Cancer is seated, this destructive disease acts all powerfully upon them, even to the softening of the bony and the hardening of the softer parts of the body.

The commencement of cancerous disease is usually an increased consistency, or hardening of the part affected. To

this, which is called the early, or occult stage of the disease, the name of *schirrus*, signifying a state of induration, has been given; and when the diseased locality is softer than the organ in which it is seated, the affection then takes the name of *carcinoma*. This last is commonly termed the ulcerated stage, and being supposed the result of a process of softening succeeding to the state of schirrus, has been generally regarded as a more advanced period of the disease. However, it has been satisfactorily argued by a late pathological enquirer, that this is by no means the invariable progress of the affection; but that cancerous formations, when first perceivable, may be either "hard as cartilage, soft as brain, or fluid as cream."

Cancer of the glandular parts of the body commonly occurs in those which are

seated externally, as in the breasts, armpits, &c.; of the internal glands, the liver is oftenest affected.

When it manifests itself in the skin, it usually makes its appearance as a warty substance; and this is its ordinary commencement in the nose, lips, and in the genital organs.

In the mucous membranes, Cancer developes itself under a polypous form; consisting of fleshy or fibrous ramifications, which are hard, unequal, corrugated, easily bleed, and terminate in ulceration. Yet, at times, and this is particularly observable in Cancers of the œsophagus, the stomach, the intestines, and the rectum, the disease begins by an induration of the sub-mucous tissue, which becomes schirrous, and ends by softening or the ulcerative stage.

The nervous system may be the seat of Cancer; which is here, for the most part, a secondary affection. Occasionally, it is found primitively in the brain, and has been met with, in this its primary or real form, in the optic and other nerves. However, the *neuromas* or small tumours that are at times formed in the course of a nerve, causing considerable pain, but presenting neither the schirrous nor medullary tissue, must not be confounded with true Cancer.

Osteosarcoma, or Cancer of the bones, sometimes begins in the periosteum or fibrous membrane which envelopes the bone; at others, it commences in the bony substance itself; occasionally, it is confined to the extremities of the joints, or begins in the small bones. When originating in the internal periosteum or mem-

brane lining the inside of the bone, the disease is of the most cruel and excruciating nature.

The lungs and the spleen are seldom the seats of cancerous formations; and the disease is generally of a secondary character in the serous membranes, the cartilages, tendons, arteries, veins, the lymphatic vessels, and the muscles of motion. Among the fibrous apparatuses, the duramater or outermost envelope of the brain, or, in other words, the inner periosteum of the skull, is the only one that is frequently the seat of primitive Cancer.

Although Cancer may make its appearance at any time of life, yet all ages are not equally subject to it. At different periods of life too, it affects different organs. Cancer of the eye and of the skin, is most common in children, who

are seldom attacked elsewhere. But no period of human existence is so exposed to cancerous affections as that which is termed the grand climacteric. This is the most critical stage in the life of the female especially; and accordingly, she is much more liable to this destructive disease than man.

Having thus briefly pointed out the ordinary seats of Cancer, I shall proceed to trace the progress this disease generally affects when occurring in its external form; that is, when it can be submitted to the immediate investigation of the senses, and become the object of surgical operation. External Cancer then may present itself under four very different conditions, which it is important to distinguish.

In the first of these stages, which is usually termed the *occult*, the Cancer is

crude or indurated, and whatever be the nature of its component substance, and whether this exist in a mass or encysted, or diffused between the lamellæ of the organ it has attacked, it then constitutes a tumour of greater or less size, heavy, hard, often anfractuous and irregular in shape, and sometimes smooth and rounded, and adhering to the surrounding healthy tissues. These tumours are of slow developement, whether they arise from local, or sympathetic, or, as is more frequent, from unknown causes. But, whilst they remain in this stage, they are always indolent, and neither distress the patient nor occasion functional disturbance, otherwise than by the mechanical effects of their presence and of their weight.

In the second stage, external Cancers become the seat of lancinating pains,

which, at first, are rare and momentary; "*eclairs de douleur*," darts of pain, to borrow Dupuytren's expression. By degrees, these pains become more frequent, increase in severity, and at length invade the domain of sleep. Meanwhile, the tumour enlarges more rapidly than before, and its surface becomes uneven and irregular, if not previously so: its hardness gives place to a sensation of softness, which is deep-seated and unelastic, but gradually determining to the surface presents to the touch a manifest fluctuation. This begins to be felt on the summit of one or more of the prominences, or protuberances of the Cancer. In this stage, likewise, the Cancer which has been hitherto isolated, that is, which has formed one independent mass, begins to be surrounded by smaller tumours proceeding

from the engorgement of the lymphatic ganglia, and which are constantly increasing in number as well as size. On first appearing, they are hard, globular, indolent, and isolated, or, apart from each other, but by degrees they become uneven, collect together, are traversed by lancinating pains, and finally share in the softening of the primitive mass. These secondary tumours are always developed in the course of the lymphatic vessels which have their origin in the parts first affected, forming kernels of variable size, and sometimes knotty, painful, and uneven cords as it were, of different lengths.

In proportion as the cancerous tumours increase and soften, their surface rises nearer to the external teguments, which are gradually drawn tighter, are worn away by the erosion of the disease, then be-

come the seat of inflammation, and, finally, ulcerate. The Cancer has now reached its third stage. Sometimes, the erosion takes place as in cases of abscess, and there exudes a purulent liquid discharge, occasionally mixed with blood; at other times, the teguments are forced asunder by the distension of the parts beneath, and display a kind of crevice or fissure, through which obtrudes a fungous substance that rapidly acquires a considerable developement. But, in every case, the solution of continuity, or, in other words, the destruction of the parts, spreads wider and wider; and the edges of this ulcerated orifice, being worn by the erosion of the surrounding sub-cutaneous cellular tissue, turn outwards. They, likewise, present an unequal and jagged appearance, which is occasioned by the unequal resistance

opposed by the skin and its tissues to the destroying elements of the disease; they seem mechanically pushed outwards at the circumference of the wound by the vegetations which rise from its surface. A blueish red, and often livid tint, is diffused at a variable distance round the seat of the disease; and the dilated veins become so many voluminous, irregular cords; which were taken by the ancients for the claws of the cancerous animal which they imagined to be devouring the living tissues.

The wounds caused by the bursting of the cancerous mass in general present a jagged appearance, and are studded with fungous excrescences which are soft, pale, bleed easily, and which, after various changes, mortify and fall off, making room for fresh growths of the same nature,

which, in their turn, undergo a similar process. In other portions of the ulcerated surface are seen greyish patches, assuming the appearance of mortification, and cavities that seem to penetrate to the very centre of the tumour. One of their most unvarying characters is their constantly progressing enlargement, effected on the one hand by the never ceasing destruction of the skin, and, on the other, by the successive invasion of all the tissues, and organs, on which the tumour rests. Neither cartilages, nor bones, are more secure from the inroads of these ever-spreading wounds, than the muscles, vessels, and softer elements of the human economy. The suppuration which takes place from them is a mixture of sanies, pus, sanguineous ichor, and, frequently, of pure blood; and it constantly emits a

disagreeable odour which is peculiar to it, and which is finally heightened into an intolerable stench. The discharges of blood which are noticed on the surface of cancerous ulcers of old date, proceed either from the exhalations of the fungous growths noticed above, or from the successive erosion of the arteries, or veins. The last is by far the most dangerous cause, and powerfully contributes to that gradual exhaustion of the patient's strength which precedes and at length determines death.

The fourth stage of Cancer is less dependent on the local injuries of the disease, than on its effects upon the constitution and the general health. It will often happen that, notwithstanding the existence of external schirrus, and even when the tumour has softened down and

suppurated, the various functions of the body will go on regularly, and the patient enjoy perfect health; but, with time, this will become affected, the complexion will fade, and the colour of the skin turn to a pale straw tint. Falling away of the flesh succeeds to this; and, at the same time, a pale, transparent puffiness usurps its place: this is most observable in the cheeks. The patient's appetite is impaired, and gradually grows less, till he has no longer the slightest desire for food; he can procure sleep by means of opiates alone, and this but by constantly increasing the dose; the circulation grows languid, especially towards the extremities, which by degrees swell and become œdematous, and finally the vital action ceases from pure exhaustion.

I have traced, in the above four stages,

the more general features and progress of external Cancer ; which, however, far from being uniform, is susceptible of an infinite variety of modifications. The resistance opposed by some constitutions to the extension of the disease is at times so great, that the schirrous tumour will remain indolent, and almost unnoted for a series of years, or even for life. In others, the lancinating pains which precede softening, do not come on till a late period of the disease ; and, even when the process of ulceration is completed, the Cancer will long remain stationary. Sometimes, and this constitutes the majority of cases, the disease is not only local in its origin, but remains confined to the part it has attacked ; at others, the general health is quickly and deeply impaired, when the local injury is apparently trifling. Lastly,

there are others, in which the disease may be said to run, rather than spread, from organ to organ, and in which its ravages seem to extend at once both locally and constitutionally. It is likewise observable that the progress of cancerous diseases is, to a certain extent, subordinate to the nervous action, and is quicker or slower in proportion to the number, intensity, and frequency of the lancinating pains; a fact which has doubtless led to the common use of narcotics in these complaints.

When Cancer affects the skin, the mucous membranes, or the uterus, ulceration quickly succeeds its first development; and the schirrous, or cerebriform indurations which constitute its base, are formed subsequently beneath the external and fungous-like wound. Thus, in this

case, the mordaciousness of this virulent disease is manifested first, and erosion of the parts precedes, and causes by its irritating action on the subjacent tissues that induration which afterwards keeps up and fosters the Cancer. To the complaint, when it developes itself under this form, the term *carcinoma* has been more particularly applied.

The above outline will serve to shew the general course of the disease; but it will not be unessential to describe more in detail those varieties of Cancer which are of most common occurrence, and the most distressing in their effects. These, indeed, are far more frequent in the sex least able to cope with physical ill, and which, unfortunately for the sufferer, is ever apt to aggravate the malady by submitting long in silence before the too

delicate mind can persuade itself to bear disclosure. It is not surprising then, to find among those medical writers, whose experience has been against the curability of Cancer, not a few who have been ready to "hope against hope," and who would seem to have endeavoured to believe, notwithstanding the evidence of their own ill-success, that this fearful malady may be rendered harmless. Some, even of the warmest advocates for the knife, are doubtless hence betrayed into expressions contradictory of the cruel and useless procedure they have undertaken to recommend, and are prompted by feelings which do them honour to conclusions inconsistent with their premises. Repulsive, indeed, it must be to every manly mind to regard those who have an imperative right to our tenderest sym-

pathy as beyond the pale of relief, or as possessing the only chance of cure in an operation perilous to the patient, and all but hopeless to the operator.

The commonest seat of Cancer, and this almost exclusive to the female, is the breast; schirrus of which is usually developed between the ages of forty and fifty, that is, at the period of the cessation of the menstrual flux. It is by no means an uncommon case, that in females who have for years been conscious of tumours in the bosom which have continued indolent and free from pain, such indurations suddenly become enlarged at this critical period, grow painful, and rapidly put on all the characters of Cancer. In other cases, the tumour has its commencement with this period; but either way, these cancerous

swellings appear originally under three very distinct forms.

In the majority of instances, they begin by a round, or oblong tumour, with a smooth surface, which will slip from under the finger, and is plunged into the fatty tissue surrounding the gland, either close or nearly so to the skin, and, apparently, having no connexion with the glandular body itself. Its exact boundaries may be easily ascertained by the finger, as it lies in a true cyst, or shell as it were, formed by the cellular structure which it has displaced and pushed away on each side.

In other cases, less numerous than the preceding, the schirrus from the beginning attacks the mammary gland, properly so called, or, in other words, the foundation of the bosom itself; the parenchyma of which becomes harder, heavier, and, by

degrees, more voluminous than natural. The swelling sometimes commences in the parts adjoining the nipple; and, when supervening on other diseases, in some point of the circumference, or in some of the concentric divisions of the glandular body. In these cases, its precise limits cannot be assigned, since it is lost on all sides in portions of the gland of the bosom that are still healthy; and when the latter becomes altogether contaminated, it is transformed into an irregular, knotted body, to which the nipple adheres, and which is enveloped by a flaccid or fatty cellular tissue.

Lastly, in some subjects, the disease has its origin in the teguments of the bosom, giving rise to round, consistent tubercles, of a violet colour, which gradually increase in number as well as in size, and drawing

nearer to each other, at length form but one mass. The indurated skin shrivels up and contracts over the wasted breast. Lancinating pains begin to be felt: the ganglia become affected; and the disease hurries on to its accustomed ravages. This last form of the malady is incomparably the most infrequent; it is likewise the most stubborn and the most rebellious to the practitioner. The two first, although they commence differently, soon come to resemble each other in their subsequent progress.

An occasional concomitant of the first stage of cancerous disease of the bosom, whatever be its origin, is the discharge of a little blood from the nipple, to which notice is attracted by its staining the linen. When the disease begins to gain ground, there is a sensation of uneasiness

felt in the tumour, at times conjoined with a troublesome itching; the next symptom is a sharp, pricking, shooting pain, to which succeed intense, hot, lancinating pangs. These sufferings are not constant, but come on at different times, with a suddenness and severity which take the patient by surprise as it were, and often make her start. The pain is sometimes like that of a severe burn, or scald. Generally speaking, both the pain and the swelling are much exacerbated for a few days previous to the monthly discharge; supposing the patient to be still of an age for its appearance. As the sufferings increase and the disease spreads, all the neighbouring parts become successively attacked. Thus, in the first, or isolated form of Cancer of the breast, the solitary tumour contaminates by extending

numerous ramifications, forms adhesions with the glandular substance, and finally erodes it throughout. The second form, or that which has its primitive seat in the mammary gland, penetrates, as it acquires fresh growth, the adipose or fatty tissue by which it is enveloped, and extends, from the centre to the circumference, to the external tissues of the bosom. At length, as the disease approaches the skin, the latter withers before its touch; the nipple long preserves its situation, but is after a time apparently drawn in, and, at times, almost disappears; the veins in the vicinity become swollen and tortuous; and, in most instances, the glands in the armpit, or above the collar bone, begin to enlarge. The subsequent progress of the tumour, as it proceeds to ulceration, presents nothing dissimilar from the

general phenomena described pp. 34, 6, 7. But as the ulcer increases, and the disease spreads, the arm of the affected side usually begins to swell, from the encroachment of the tumefied glands of the armpit, and of the upper part of the chest, on its nerves and absorbent vessels. This swelling appears at first just above the elbow, subsequently extends to the fore-arm and hand, and then reverts to the shoulder: it is of a variable character, alternately appearing and disappearing. In some instances, the patient is apt to experience considerable nausea, to be troubled with flying rheumatic pains, and, occasionally, to suffer from cough and impeded respiration.

Cancer of the womb is only second to that of the bosom in point of frequency, being at once both a common and a

serious disease. The texture of this organ, the periodic disturbances to which it is subjected, and the sympathies which connect it with almost every part of the system, easily account for its liability to disease; whilst its situation, and the importance of the organs in its proximity, contribute to render its lesions of a highly dangerous character. Cancer of this part usually commences with a schirrous induration; but, at times, as is the case with the lips, the tongue, and all organs invested by mucous membranes, the part affected softens down and ulcerates from the beginning. The disease commonly begins in the neck of the uterus, and is more frequently seated on its posterior than on its anterior lip. Its precursory symptoms are all referrible to irritation of the organ in which it takes its rise. The

patient generally experiences a vague sensation of trouble, weight, and uneasiness in the base of the womb, in the hypogastrium, and towards the anus; the courses come on irregularly; occasionally they reappear a few days after they have seemed to have been over; and the discharge is often more copious, with the colour varying from a paler to a deeper hue, than in the natural state. The patient for the most part labours under the *fluor albus*, or whites; and in those previously affected by them, they become more abundant, acrid, and irritating; at a more advanced period they alter into a greenish matter, mixed with blood, and exhaling a strong and offensive odour. The belly is alternately distended and hard to the touch, or soft and flaccid,

without any assignable cause; the calls to stool or to pass water become more frequent; and, in many cases, there is a sensation of great heat, or tenesmus in the womb.

At the commencement of the schirrous induration, the prominent portion of the neck is found tumefied, hard, unequal, hot, painful, often raised in little ridges, and, at times, softened in some points, whilst in others it is hard and unyielding to pressure. The posterior lip is more voluminous and salient than the anterior; the orifice is unequal, irregular, and half open. When examined by the help of the speculum, the parts which had before been pervious to the touch only, appear distended, shining, and of a deep or brownish red; sometimes they seem spongy, and give out on pressure a dis-

charge resembling that with which the patient may be troubled.

As the disease advances to its latest stage, the lancinating pains become insupportable, and extend to the loins, the thighs, and the whole of the adjoining region—but it would be too revolting a picture to draw the further horrors which ensue.

When the Cancer manifests itself in its ulcerated state, without having been preceded by schirrous induration, the pains are less deep seated and intense; and the patient not unfrequently experiences a half-gnawing, half-itching sensation of a distressing rather than painful character. The ulcer is at first unaccompanied by considerable swelling, or deep induration, and its surface is covered with a greyish crust, which constantly falls off and is as

constantly renewed. In process of time it extends, like the preceding varieties, to the neighbouring parts, occasions the same exhaustion of the system, and hastens to commit the same fearful ravages.

Having thus briefly sketched the ordinary progress of the common forms of Cancer, it may not be uninteresting to notice, although necessarily in the same succinct manner, the pathological varieties into which it may be generally divided. In its schirrous or hard state, the structure of the cancerous parts usually presents a firm, light brown, or greyish semi-transparent substance, intersected by membranous bands of a dull white or pale straw colour, which, in different cases, vary both in number and thickness, and which run in various directions. The hard,

fibrous, and organized part of this structure has its centre sometimes condensed into a solid mass, assuming the appearance of a nucleus, from which the membranous bands diverge, and which being of more compact and firmer texture than the rest of the tumour, is now resistent to the touch. Between the bands, the interstices are filled with a softer and seemingly inorganic matter, which is generally less compact the further removed it is from the centre; at times, this portion of the cancerous mass is of the consistency of a thick paste; at others, it presents a thick fluid resembling cream in colour and consistency. From the various and unequal proportions in which these two substances are found distributed—a result apparently owing to the modification of a diversity of causes, constitutional and

local—and from the different appearances which they consequently assume, attempts have been made to arrange them into distinct species, and they have been named after those natural structures to which they bear most resemblance. Thus, when the schirrous substance is arranged in regular lobules so as to resemble the formation presented by a section of the pancreas, it is designated *pancreatic sarcoma;* when it is uniformly distributed throughout the texture of an organ, so as to convert it into a solid mass resembling a slice of boiled udder, it receives the name of *mammary sarcoma;* and when it may be likened, both in colour and consistence, to the substance of the brain, it is termed *medullary sarcoma.* Other resemblances have likewise been chosen in order to give a more specific

distinction to the varieties of Cancer: thus one state of the disease has received the name of *tissu lardacé*, from the French writers, owing to the likeness the cancerous substance bears, when divided so as to shew a section of it, to a slice of raw or boiled pork; and, when collected in numerous cells into masses of greater or less size, it presents the appearance of a firm jelly, it has been termed *cancer gélatiniforme*, or jelly-like Cancer. These divisions, however, with the various others similarly given that have been introduced by modern pathologists, are generally rather fanciful than practical, inasmuch as several of the more important and universally recognized stages of the disease may not only originate in the same morbid condition, but even pass in succession from the one into the other. Yet since

several of these varieties materially differ as to the length of time required for their developement, the period for which they remain stationary, and their tendency to re-production, an attentive study of these nicer differences will often form the best guide to the treatment to be pursued. It has been truly observed by a late writer in discussing this point, that " the curability of a disease often depends on the time at which a remedy is employed, or varies with the state or period of that disease."

Cancer is liable to be confounded with some other diseases ; a circumstance pregnant with distress and danger to the patient when the usual modes of treatment are followed. However, as the plan pursued by me is susceptible of modifications which render it applicable to the discus-

sion, or the removal of tumours of most kinds, whether the result of chronic inflammation, or whether fibrous or tubercular productions, I conceive it unnecessary to enlarge on this branch of my subject.

Having now passed in review the general course and more usual characters of cancerous complaints, the consideration of their treatment naturally follows. I here labour under the difficulty inseparable from the situation in which I am placed, and which restricts me from divulging the remedies I employ. Yet, an examination of the methods of cure, or rather, of the attempts to cure, resorted to in the present routine of practice, when compared with the nature of the disease so treated, and a description of the progress of positive cure commanded by my

own plan, and substantiated by incontestable cases, will serve, I trust, to prove that the means taken proceed on sound pathological views of the end proposed.

The remedies recommended by preceding writers are divisible into the two classes of external and internal agents, and greater reliance is placed on the one than on the other, according as the opinions of the proposer lean to belief in the local, or the constitutional origin of the disease; both, however, are commonly, if not universally, employed in conjunction. These, again, are varied according to the several stages of the affection; a practice, of course, sound in principle, however inefficacious the common therapeutic agents may be. It would seem that the most powerful drugs in the *Materia Medica*, and especially the most

active poisons are the remedies usually relied upon by the generality of the profession; I conclude, on the supposition that a virulent disease must be most advantageously combated by violent means. Hence, hemlock, aconite, the digitalis or fox-glove, laurel-water, belladonna, hyoscyamus, the corrosive sublimate, and more particularly arsenic, have been warmly recommended, and extensively employed. The last-named poisonous mineral has been in common use, both internally and externally, with practitioners of the highest eminence, and its employment is strongly advocated in the well-known work of Justamond. It forms the basis of a variety of empirical remedies, and, undoubtedly, has been frequently productive of serious injury by absorption into the system. The only good effects derivable from its

employment, and this under unremitting and cautious superintendence alone, are mainly owing to its qualities as a tonic and excitant of the capillary vessels; advantages which may be more surely and readily obtained by milder and safer remedies. In the severer stages of Cancer, some of the narcotics just mentioned, and the various preparations of opium are often administered, and with success, as far as regards the mitigation of the patient's sufferings; but, in all other respects, their benefits can be but very temporary.

The external applications in most common use, next to the arsenical and mercurial, are perhaps the metallic salts, the mineral acids, and the terebinthinate substances. In fact, most medicines, vegetable as well as mineral, which are possessed of astringent, antiseptic, deter-

gent, or stimulating properties, have, at one period or another, been introduced into practice, and obtained more or less reputation. However, the utmost advantage reaped from this variety of medicaments seems to have been confined to a temporary amelioration of the general health, or a partial mitigation of the local ill. The very number of the remedies that have found occasional favour with the profession, and have after a brief interval been consigned to oblivion, only to make room for others, which have in like manner failed when tested by practice, proves the feebleness of their curative powers. Mercury, in one form or other, is usually given in conjunction with whatever other medicine may be employed; is very generally trusted to; and is not infrequently administered so liberally as to debilitate

the system, and thus hasten the progress of the disease itself.

If a cure has been obtained by the employment of any of the above remedies, or by the pursuance of frictions and compression of the parts, a mode of treatment on which I shall presently offer some remarks, it appears to be conceded by dispassionate inquirers that it is very doubtful whether or not they were genuine cases of schirrus. Indisputably, the prevalent opinion of the day is that true Cancer is an incurable disease; and, that if remediable it is by the knife alone, and, of course, previously to the ulcerative stage. High authority, it is true, can be adduced against this opinion; yet such it will be allowed is the general feeling of the profession; and the hopelessness it engenders is calculated to lead the practitioner to

fly from remedy to remedy and to distrust all; or to hurry him to undertake an operation fraught with pain and danger to the patient, and the success of which must always be problematical.

From the obscurity with which the true nature of Cancer is enveloped, it is not surprising that the imagination should have been fertile in theories of its cause; and hence that the most contradictory, and, indeed, most absurd systems of treatment should have found advocates and followers. Amongst these may be signalised two, which are worthy companions of the ancient practice of applying raw meat to the parts affected with Cancer, in order to satisfy the devouring hunger of the mysterious animal supposed to be seated in, and consuming the patient's body; and, consequently, and appropri-

ately termed the *lupus*, or wolf. The first of these seems to have originated in Priestley's celebrated discovery of the carbonic acid gas, and of its power of arresting the process of putrefaction; whence it was inferred, and certainly not without some foundation in analogy, that the application of this fixed air to cancerous ulcers would correct the putridity of the stagnant lymph contained in them; in the peculiar *virus* or poisonous influence of which, it was contended, lay the seeds of Cancer. Mr. White in this country, and M. Peyquille in France, appear to have entertained this idea simultaneously; and the writings of these gentlemen attracted at the time some degree of attention. The discovery, such as it was, soon fell into oblivion; and, although partial attempts have since been

made to revive its credit, experience has fully demonstrated its inutility. Fourcroy, speaking of its effects, observes; "after the first applications, the cancerous sore appears to assume a more favourable aspect; the sanies, which flows from it, becomes whiter, thicker, and purer, and the flesh has a redder and fresher colour; but these flattering appearances are deceitful, nor do they continue long, for the sore speedily returns to its former state, and its progress goes on, as before the application.

The other hypothesis was brought forward by the late Dr. Lambe, who, conceiving that the origin of almost all diseases was referrible to foreign and noxious substances conveyed by water into the system, proposed the use of distilled water for common drink as a kind of universal

remedy, and as one especially potential in the cure of Cancer. "Common water," he writes, "is the vehicle in which the poison of Cancer is introduced into the system." It may reasonably be asked how it happens that any human being pursuing the usual course of diet, and especially how animals, and domestic cattle in particular, can, on this hypothesis, be ever free from disease? But a mere theorist is seldom checked by any consideration of particulars; and in the same pages in which the Doctor forbids the use of "water from the spring," and, for that matter, from river, or cistern, or well, as a draught fraught with deadly poison, he most inconsistently recommends a vegetable diet in conjunction with his panacea, the distilled element. Nor is he content with this regimen, if boiled or simply

cooked; but he advises that the vegetables should be taken, if not quite raw, yet as nearly as possible assimilated to a state of nature; that is, when replete with that very fluid, which, according to him, is the *fons malorum*. One or two of the continental physicians still, I believe, pertinaciously cling to this somewhat fantastic doctrine; for I may say with Boileau—applying the lines to the theory and not to the individuals.—

"Pour finir enfin par un trait de satire,
"Un sot trouve toujours un plus sot qui l'admire."

I have already alluded to the plan of compression, which was originally proposed by Mr. Young, in 1805, in his "Inquiry into the nature, &c. of Cancer," and has since been zealously advocated by Recamier—"Recherches sur le traitement du Cancer par la compression," Paris,

1829. This mode of treatment, however, has not found much favour either in this country or in France. It is passed over by Mr. Cooper, as almost undeserving of notice, and Mr. Bell has declared it to be ultimately injurious; whilst Breschet and Ferrus agree in asserting that the trials hitherto made of it have been so unsuccessful that no surgeon is justified in again recurring to it. It would be difficult to discover on what physiological or pathological principle this mode of treatment is based; but it is easy to conjecture that the effects of pressure on a diseased part in which some degree or stage of inflammation is almost always present, must inevitably be the maintenance of irritation and the extension of the malady. The pain it occasions, besides the injurious local consequences resulting from it, is a

constant source of harass to the patient, distresses the body, preys on the mind, and, in short, materially affects the general health. Let a compress be applied to a healthy part; and, from the annoyance that follows, the reader may form some idea of its effects on a diseased locality.

The knife, then, would appear to be the only feasible resource left to art; feasible, because there are instances in which an operation has not failed, and because it is the general feeling that the chance of prolonging life, however hazardous or remote, is worth running any risk or encountering any pain. On recurring to the statistics of the disease, indeed, so far as they can be gathered from the results of the few collections of cases hitherto made public, the remoteness of this chance is made fearfully apparent.

According to the elder Monro, out of sixty patients operated upon, there remained only four who, at the expiration of two years, had not suffered a relapse. The justly eminent Scarpa states that in the course of his long experience and extensive practice, only three cases had occurred in which the extirpation of true schirrus had not been followed by a reproduction of the disease. The result of M. Boyer's practice gives five cures out of a hundred individuals in whose cases he had employed the knife; in all the rest, the disease returned, and death followed. And I entertain no doubt, that were every surgeon conversant with cancerous complaints, and prone to recur to the knife, to publish the list of his successes and failures, the balance would be similarly unfavourable.

Many reasons can be assigned for the fatality attendant on this cruel, and all but hopeless operation. The well-known and distinguishing characteristic of the disease is to propagate itself by contamination of the adjoining parts, and yet to afford no signs by which we may ascertain the extent to which this process of contamination has reached. Thus the whole diseased locality, as far as it can be recognized by the sight, may be removed; the wound healed; and the patient, to all appearance, in a fair way of recovery: still, the surrounding parts, which when laid open by the operation to inspection and to touch, had exhibited every ocular and palpable sign of healthy structure, may be infected with the virus, and assume, in their turn, all the malignancy of the disease. This fact leads to the con-

sideration, as it naturally involves the question, of the constitutional origin of Cancer; and, indisputably, it appears at first sight to favour it. Yet it cannot be denied that the same effects may ensue from a local injury; and the acknowledged cures obtained by the use of the knife, few though they be, are of themselves sufficient to controvert this theory. Aware, too, as I am, that, in a large majority of instances, Cancer is to be extirpated, safely and radically extirpated, by a local process, I feel convinced that whatever be its cause, its seat is mostly local. Ulcers, abscesses, and imposthumes of many kinds and forms are readily cured without internal treatment; and the re-absorption of glandular swellings, many of which, if unattended to, are liable to degenerate into Cancer, forms another

argument corroborative of the local origin of schirrus. However, it is by no means improbable that the truth may lie midway, and that Cancer may at times result from a deteriorated habit of body, as, at others, it is the undoubted sequence of a blow, of long continued and undue pressure of the bosom by the pernicious practice of tight lacing, or of some other external cause.

The hereditary nature of the disease, originating what has been termed the cancerous diathesis, must of course be acknowledged, if we admit Cancer to be a constitutional complaint. This question, it need hardly be pointed out, is subordinate to the one just touched upon; and, accordingly, it admits of a similar compromise. I have noticed the doctrine promulgated by the philosophic Andral,

and developed by Dr. Carswell, which attributes the origin of Cancer to a peculiar modification of the vital fluid. Now, it is certain that a change may take place in the blood from the effects of some outward, and, at first, purely local injury on the general system; and it is equally known that impurity of the blood, as it is commonly termed, may generate eruptions, tumours, ulcers, and local sores of various kinds. Thus, in short, anormal or irregular changes in the fluids of the body, whether lesions of nutrition or of secretion, may finally manifest themselves in a local form; and, on the other hand, alterations in the healthy structure of its tissues may re-act on the system at large.

Whichever way these questions be decided, there can be no doubt of the fact that the idiosyncrasy of the patient exer-

cises a powerful influence on the progress of cancerous disease. Persons of robust constitution and a healthy habit of body may long be affected by Cancer, even in its carcinomatous or open stage, without the system appearing to suffer in the least. The ulcer seems to act for a time as a kind of natural issue. But in those of delicate and irritable habits, the extension of Cancer is almost simultaneous with its first manifestation. The system rapidly breaks down before its ravages, and death hastens to close the scene.

Whether then this fierce and malignant disease proceed from constitutional or local causes, and whether it infix itself in the strong, or in the weak, the hopes held out by recourse to the knife are alike feeble. It is not the eye alone which fails us in tracing the fine and manifold ramifications

of its polypous growth ; the instrument and the hand of the operator are equally baffled, for neither is sufficiently delicate to trace and eradicate these thread-like offshoots. Nay more, could these difficulties be surmounted by the surgeon, and his manual art add another triumph to the still increasing list of conquests over nature, there would yet remain an insuperable obstacle in the irritation of the adjoining parts, consequent on the employment of the knife. I entertain no doubt, indeed, that this is sometimes the only, as it is always a concomitant cause of the reappearance of cancerous disease after an operation. It is also observable in cases of failure, that the patient is reduced to an infinitely worse state than that in which he previously found himself. From the violent shock which nature

receives, particularly in the case of delicate females; and from the injury inflicted by the knife on the surrounding tissues, and the irritation of the parts that hence ensues, the morbid poison acquires new virulence; the fibrous particles of the cancerous formation, which are so often residuous, propagate themselves with inconceivable rapidity; the disease quickly extends to a distance it would have been long in reaching, if left undisturbed by the mischievous interference of the knife; and, reproduced under an aggravated form, it becomes more difficult to treat.

To come to my own practice. I have stated that I am not warranted in disclosing the ingredients composing the formulæ which I have found such powerful instruments for the cure of Cancer. Their efficacy consists in their being

differently combined to what has hitherto been customary. Substances, not previously used in conjunction, are found to develope new powers by combination; and the same effect has followed the employment of substances usually blended together, by altering their proportions. By similar changes too, their virtues are so modified and regulated as to become applicable to the changes assumed by the disease itself. Nor by their use, do I reject recourse to means already found serviceable in general practice. According to the constitution of the patient, and the stage of the Cancer, I either confine myself to my peculiar method, or conjoin the more usual remedies with it. Sometimes, I alternate them. The candid professional reader must then admit that I am not the herald of a nostrum, but that I

merely lay claim to more diversified and extended means than any previously developed. I likewise put it in his power to disprove this claim, if it cannot be substantiated, by giving in the following cases the name and address of the patient, not initialized, but at length.

CASE I.

Benjamin Bradsall, a youth of about sixteen years of age, the son of a greengrocer, living in Cumberland Street, near the Middlesex Hospital, applied to me in June for my opinion on a tumour, seated almost directly beneath the ear. This, I was given to understand, had first made its appearance, or rather, perhaps, had been first noticed, when he was about four months old. It had enlarged with his growth; and for some time previously

to its being submitted to my inspection, it had increased with accelerated rapidity. When I saw him, it was, I found, subject to considerable heat, and was occasionally accompanied with acute pain.

On receiving my assurance that no danger could possibly attend my plan of treatment, it was arranged that he should put himself under my care. Accordingly, I made my first application to the tumour; and directed him to call on me again in a week or ten days. He repeated his visits three or four times for about a month; at the expiration of which period the tumour was completely deadened, and I proceeded to effect its separation and expulsion from the sound parts by the use of emollients, which speedily brought away the whole of the diseased mass. For the sake of ensuring permanent and

radical cure, I persevered in their use for a short time. The healing process, however, went on rapidly; and the patient soon left my care, with scarcely a vestige of a scar remaining to shew where the tumour had been seated.

The above case was one in which the knife could not have been resorted to without imminent risk, from the very situation of the swelling: for which reason the surgeons to whom he had before applied, had recommended him to leave it untouched. And although for the same cause, it might have been expected that its extirpation, even by the mild remedial measures to which I had recourse, would have been attended by suffering, yet during the whole process he suffered no pain; merely (as he expressed it) a tingling and drawing sensation.

CASE II.

Mrs. Prior, of Clerkenwell Square, became a patient of mine in the early part of July, for the removal of a cancerous tumour in the left breast. She was about forty-five years of age, of full habit, and considerable *embonpoint*, and up to the period of her ascertaining the nature of her complaint, had always enjoyed a fair share of health. But the knowledge of the dire disease, under which she was labouring, had sunk deeply into her mind, depressed her spirits, and impaired her general health. I ascertained from her that she had at different periods presented herself at Guy's, Thomas's, and Bartholomew's Hospitals, to consult the eminent surgeons connected with these charitable endowments, and that she had

at each been assured her sole chance of cure was to submit to the immediate extirpation of the tumour by means of the knife. Her horror of an operation was too great to allow her to consent; and it was only after some deliberation that she could persuade herself to try even my more slow and cautious mode of treatment.

In this case, I had not only a very full breast, but a deeply seated tumour to contend with. I commenced that modification of my process which I judged most advisable, on the third of the month. For some time every thing wore a highly favourable appearance; and the application was attended with such trifling inconvenience, that the patient was enabled to go through her usual household avocations. Her sleep too was sound, and undisturbed by pain. This satisfactory progress con-

tinued to about the middle of August: at which period I took her to the West end of the town, to shew a surgeon, an old friend of mine, the curative effects of my treatment. This gentleman expressed himself in terms of surprise and pleasure at the appearance which the wound, for the process of separation had begun, presented; and was no less astonished at the general good health which my patient now evidently enjoyed. The result of this visit, however, was very unfortunate, for Mrs. Prior caught cold, and a considerable degree of inflammatory action supervening in the breast, I was obliged to discontinue the active measures which had hitherto been attended with such satisfactory results. My more immediate object now was to counteract the change that had taken place in the appearance of

the disease, and to meet it under its new aspect. This I was enabled to accomplish by recourse to soothing and emollient applications, combined with appropriate constitutional treatment. During this secondary process, the tumour separated and was expelled rather prematurely, leaving some of its fibrous appendices still embedded in, and exasperating, the neighbouring sound parts. Two slight applications of my usual remedy, with the occasional employment of some digestive ointment, soon brought away these reliquiæ of disease; healthy granulations rapidly formed; and, in the course of five or six weeks, the wound was perfectly healed.

The above case shews, independently of other advantages, the decided superiority of my method over the knife, in

allowing the parts to be kept open until every ramification of the cancerous growth is utterly eradicated. After operation by the knife, the wound is at once allowed to heal; but this is a process

> That does but skin and film the ulcerous place,
> Whiles rank corruption, mining all within,
> Infects unseen.

However keenly it may probe, the thread-like appendices elude its search, and become so many germs of new disease. It does but "scotch the snake, not kill it."

On the contrary, supposing that the cancerous mass does not come away entire, (which, indeed, rarely happens,) I am enabled to detect during the healing process the appearance of any reproduction which, in such case, is the invariable consequence. The minutest remains cannot escape this cautious and expectant

procedure. I assure myself that all is really sound beneath; and, not till then, do I allow the wound to close. The eye is not then deceived by a mockery of cure. We may be confident that all within is as sound as the healthy exterior.

Another decided advantage of my plan is the absence of the frightful scars, invariably attending the use of the knife; the mark of cicatrisation being seldom apparent, and never to an unsightly degree. But one of its greatest recommendations is the preservation of the nipple, which, in cases of diseased breast, is usually cut away.

CASE III.

The following brief case satisfactorily proves the perfect safety and innocuous character of my mode of treating Cancer;

as it is an instance of the rapid and easy removal of the disease, from one of the most delicate and susceptible parts of the human frame.

Mr. Young, of 8, High Street, Islington; was afflicted with an unsightly tumour over the left eye. When submitted to my inspection, it was hard and unyielding. It had become a source of almost constant annoyance to him; and, in the summer months especially, was subject to an ichorous discharge which was peculiarly troublesome and distressing. Occasionally too, it was the seat of severe pain. He had frequently been desirous of its ablation by the knife, but had invariably been dissuaded by his surgeon, for reasons best known to him; probably, I may conclude, from the proximity of the tumour to the eye.

The complete expulsion of this tumour was effected in a fortnight from the time of my first application. The process was unattended by pain; and the scar that remains, is scarcely perceptible.

CASE IV.

Robert Blakey, who had formerly been butler in the service of Sir — Ellice, and who at the time of my first seeing him lodged at 102, Fetter Lane, consulted me in the month of August for a Cancer in the foot, which was one of the most virulent that ever fell under my notice. According to the account he gave me, it originated in over exertion. The duties of his employment were numerous and fatiguing, and kept him constantly on foot; so that previously to giving it up, he had suffered from severe and lanci-

nating pains in the affected region, which, at length, unfitted him for the active services required. He conceived that complete rest would restore him, and, consequently, determined not to seek service again for some time. Finding, however, his hopes disappointed, and that so far from the expected improvement taking place, he was gradually growing worse, he applied to Guy's, or St. Thomas's, I forget which. Be this as it may, he was for several months under the care of Mr. Bransby Cooper. The result was unsatisfactory. To use his own words, the agony he underwent from the applications resorted to, at one or other of the above hospitals, was "enough to kill a horse." Every known means being found unsuccessful, he was finally released from this useless torture, and discharged

as incurable. The only hope then held out to him of relief was the forlorn one of amputation.

Such, indeed, was the fearful appearance of the Cancer when I first saw it, that I fully participated in the same conviction. I strongly urged this view of the case, dwelling on the hopelessness of less extreme measures; and recommended him in the most earnest manner to submit to the operation, but to no purpose.

The entire foot was in a dreadfully diseased state. The lips of the wound were extremely large, thick, reflected, and, in parts, highly sensitive; and there was discharged from it an immense quantity of ichorous matter, mixed with sanies, the stench from which was of the most offensive kind and almost insupportable. He was suffering at the time of this, his

first visit, intense agony, and, according to his report, had enjoyed no respite from extreme pain for many months. He would pass whole nights together without being able to procure the welcome visitation of sleep; and existence was thus rendered a yoke almost too grievous to be borne.

The disease being thus confirmed, and his constitution undermined, it seemed to me a hopeless case, and I stated my firm conviction to him that all I could do would merely effect a temporary alleviation of his sufferings. However, as a sinking man will catch at a straw, so did the poor fellow eagerly embrace the slight hope thus held out. I applied the fitting remedies; and two or three days afterwards, to my utter astonishment, I not only found him in a state of comparative

ease, but the wound had assumed a healthier aspect, and my patient was, in every respect, decidedly better. The grateful old man thanked me with tears in his eyes for the relief he had already received, assuring me that he had enjoyed more sleep in the few days and nights which had intervened since he first saw me than in as many weeks previously. From the rapid, as well as real improvement thus manifested, I felt inclined to more favourable prognostications, and became doubly interested in the result. I therefore followed up my treatment with increased spirit, and had the satisfaction of seeing great success attend my measures. The general swelling and exacerbation of the diseased leg gradually subsided, and his health became amended in proportion. With this amendment too,

his spirits naturally returned. In six weeks' time, he became a different being in both appearance and energies; and so thorough was his convalescence, that he was enabled to walk, with comparative ease, to distances, which for years before he could not have accomplished.

I have now to draw the reverse of the picture. As I happened at the time to be resident some distance from town, I left the necessary dressings with him, giving him full and explicit directions for their use. Subsequently, likewise, two several times that I came into town and called to see him, he was unfortunately from home, so that I had no opportunity of watching the progress of the case. Soon after this, imperative business called me into Yorkshire for some weeks. On returning to town, I called to see him as

early as I conveniently could, and regretted to find that owing to a falling off in his pecuniary resources, consequent on the demise of some friend in the neighbourhood of Clapham, he had been obliged on a very wet day, to over-exert himself in walking. These unusual efforts brought on violent cold, and inflammation of the diseased limb, which, combined with the alteration in his general health produced by mental depression, and, perhaps, by privations attendant on his restricted means, soon terminated his existence.

CASE V.

Mrs. F., a lady about 45 years of age, came in January last from Suffolk to consult me. She was at the time in a state of excessive debility, labouring under great prostration both of strength and

spirits, and the extreme pallor of her countenance was almost cadaverous. Her health, it appeared, had for some time been rapidly declining; which she, correctly enough, attributed to Cancer in the breast. On examination, I found a large tumour in the left breast, measuring three and a half inches by two and a half inches, seated not far from the surface, very moveable, hard as stone, and presenting every character of schirrus. It had first become apparent about twelve years before. She had been accustomed for several years to use Graham's tincture and pills from time to time, and occasionally fancied that she derived benefit from them. Sometimes she imagined that a diminution took place in the size of the tumour. Of late, however, it had evidently and considerably increased, and

this in a very rapid manner. The lancinating pains, likewise, from which she had long suffered, had now become almost excruciating.

It was only after mature deliberation, and with the concurrence of her medical adviser in town, to whom I had communicated the leading principles of my mode of treatment, that she resolved to put herself under my care. I applied the first dressing to her breast on the fourth of the month, and, in the course of six weeks, the schirrous tumour came entirely away, but exposing underneath an extensive growth, of fungous appearance, and of decidedly carcinomatous nature, deeply embedded in a somewhat large and very firm breast, and, apparently, closely adherent at its base to the rib. To this, I immediately made a powerful application,

and had the pleasure of finding, a few days afterwards, that it had risen considerably from its original seat, and that there was every prospect of its complete and rapid expulsion. In this last hope, however, I was disappointed, as the speedy progress of the cure was retarded by the patient's taking cold, and the supervention of much inflammatory action. This obliged me to desist from active means, and recur to emollients; which, after a time, subdued the morbid excitement, and enabled me to resume the successful course it had interrupted.

Although she still occasionally suffered a good deal of pain, yet she manifested material improvement in her general health, and found her strength return so as to be able to take more exercise, and much longer walks than she had been in

the habit of doing for years. Her face lost its excessive paleness, she gained flesh, and the lancinating pains reappeared only at long intervals, and then but for a short period. Accordingly, when the disease had permanently assumed this milder type, I modified my treatment in conformity with the circumstances, and resorted to milder remedies. The effect was most satisfactory. In no very long time, all the pains concomitant on Cancer had quite disappeared; and, at the expiration of three months from her arrival in town, I had the pleasure of informing my patient that, although the wound was not healed, she might return to her family, who required her presence at home, in perfect safety, and with the assurance of ultimate and effectual cure.

The sister of this lady (who is a sur-

geon's widow) with whom she resided while the above curative means were going on, and who accompanied her on her return to the country, is now residing at 2, King's Row, Pentonville, and will be happy to afford any further information that may be required.

It will be observed, in the two preceding cases, that notwithstanding the length of time for which the disease had existed, and the injurious effects it had produced on the constitution and spirits of the patients, yet they had not followed my plan many days, before their general health was improved. I find this almost invariably the case. It is, indeed, almost a necessary consequence of the comparatively gentle and lenient nature of the local means to which I resort, and of

the diet and invigorating constitutional treatment I habitually combine with it.

CASE VI.

Mrs. Joslyn, of No. 15, Hatton Wall, Hatton Garden, consulted me for a schirrous tumour in the left breast, at the recommendation of her medical adviser, who had for some time made trial of the usual external applications without any beneficial results. Her habit was spare, and she had been long sinking in health and spirits. The pains proceeding from the tumour were not very severe; but they had already assumed that lancinating character indicative of the mischief going on within.

On inspection, I found the tumour of the size of a large walnut, deeply seated, as immoveable as though rivetted to the

rib, and hard as stone. I pronounced my opinion on the case, and she at once determined to submit to my mode of treatment. Without further detail, I shall briefly state the result. The tumour was removed entire in about two months; the wound left by its expulsion filled up with healthy granulations; and the mark of cicatrisation is now hardly discernible. During the whole of my attendance upon her she was able to pursue her usual avocations, and attend to her house, as well as assist in the business of the shop. I need hardly add that this could not have been the case, had the knife, or caustics, or any other of the severer remedies resorted to in the routine of practice, been employed. It surely is a high advantage, and were it the only, would still be a great point of superiority in the

modus operandi pursued by me, to be enabled to conduct so elaborate a process as that of the expulsion of a deep-seated tumour from a patient's breast, without the inconvenience and tediousness of confinement, and with so trifling a degree of pain as not to interfere with the support and restoration of constitutional strength and general health.

The above are a few out of numerous cases which I could bring forward; but I refrain from doing so on several accounts. They are sufficient to verify the efficacy of my mode of treatment, and to shew as much as I am permitted to disclose of the process pursued: many patients who have been perfectly cured, and who would be glad to bear testimony to this effect, live at distances which would preclude those who might feel the wish, from making per-

sonal enquiry of them: many again are naturally disinclined to entertain any communication on the subject, and, in particular, females, who constitute the majority of sufferers from cancerous affections. To give more cases, likewise, would lead to a mere repetition of the course of cure, and would savour of that vice of the age—book-making. If the proverb be true that one fact is worth a thousand arguments, I have said enough to substantiate my claims, and to prove that Cancer can be extirpated without the knife.

I have already stated, especially in detailing the cases adduced, the advantages by which my method is distinguished above the others commonly practised. These may be briefly summed up as consisting in less pain, a more gradual, and therefore a more sure and effectual

treatment, and the maintenance, and, often, the improvement, during the process, of the patient's general health. The diseased parts are first gradually deadened, their morbid activity arrested, and the progress of contamination is thus stayed; in the next place, they are separated from the healthy tissues in which they are embedded, and are, as it were, expelled by the energy imparted to the sound portions of the adjoining region; their reproduction is then prevented by keeping the wound open as long as a doubt can remain on the subject; and, finally, the scar left on cure is of the most trifling description.

I repeat that the great benefit and wide utility of my plan consists in its susceptibility of modification. So far too from leading me to neglect the usual resources

and practice of the profession, it enables me to adapt and apply them with greater effect.

In the previous part of the work my observations have chiefly related to Cancer, but I am anxious to have it understood that almost every form of cutaneous and glandular disease is tractable by my treatment. The unsightly blemishes called "*Nævi Materni*" or mother's marks, scrofulous enlargements of the neck, indolent ulcers, and that horrible and loathsome disease, so nearly allied to Cancer, termed "*Noli me tangere*" are all within its sphere, and amenable to its agency. Having given some cases of Cancer, I shall illustrate the diseases now under consideration, by selecting two very extraordinary cures which I effected by my mode of treatment.

CASE I.

A young lady, the daughter of a Clergyman, who, at this time, Sept. 1837, resided in Islington, was brought to me labouring under "*Noli me tangere*," occupying the whole of the nose, attended with the greatest constitutional derangement, of a nature the most unfavourable for cure.

I found, on enquiry, she had been for a considerable time under the care of two surgeons, of decided and well merited eminence in their profession, (Mr. Scott, and Mr. Tyrrell), without deriving any benefit, and indeed, from the account given me, there had been a gradual and steady increase of the disease, during the whole of their attendance. Under these

circumstances, I had scarcely a hope of doing anything beyond alleviating the sufferings of the patient, or at most of somewhat arresting the progress of the disease; and it was with much reluctance, and not without the most urgent wishes of the father of the young lady, that I was induced to undertake the case. After three or four visits, I determined on attempting a radical cure; but foreseeing, in that attempt, difficulties almost insurmountable, I requested that the opinion of some eminent but impartial surgeon should be obtained before taking any further steps. One of the surgeons of Bartholomew's Hospital was fixed upon by the parents of the young lady. After a careful examination, he pronounced the disease to be a case of "*Noli me tangere*," in one of its worst forms; and attended, as before ob-

served, with most unfavourable constitutional derangement; he added that no surgeon would ever obtain for himself any credit by undertaking the case; that the saving of the nose was utterly out of the question; and that the only chance of the patient's life being saved, was that, at a certain period of life, if she should be spared so long, a constitutional change might take place, and nature might effect what it was in vain to expect from human aid. The nose at this time presented a most revolting spectacle—being exceedingly enlarged; studded with deep red spots out of which issued a sanious discharge; a portion of the right *ala* was already gone; the *septum* was in a great measure destroyed; and a constant and fœtid discharge proceeded from it, and likewise from the inner portion of the

nose. Sanguine as I was in the efficacy of my mode of treatment, I must freely confess my doubts and fears much predominated over my hopes, but having made the promise of a trial I determined to redeem it, though contrary to the advice and almost entreaties of some of my friends, who suspected that it would terminate in nothing but discredit to me.

I redeemed my promise; and by constant and unremitting attention and most careful watching, my efforts were eventually crowned with entire success—the nose got well, and with the exception of that portion which, as I have before mentioned, was wanting, when I first saw her, (and which, by great care, had got so nearly into apposition, that it presented a very trifling eyesore,) its appearance was such that a casual observer would scarcely

notice it. I am proud to add that all this was effected almost without pain; and prior to that constitutional change taking place which has been before spoken of.

CASE II.

The Case I am now giving was one which I saw in September 1837, at which time the young lady was on a visit with some friends at the West End of the town, who sent for me unknown to her father.

The account given to me was, that the disease had existed many years, and had been steadily and gradually extending its ravages, although the patient had been under the care of some of the most eminent surgeons of the day; attending them most perseveringly and regardless of expense. In addition to which, all

the auxiliaries, such as change of air, sea-bathing, &c. had been tried in vain.

I must again confess that in this case my hopes of success were very faint, particularly when I heard the list of men of the highest attainments, under whose care the young lady had been placed; and that for nearly three years in succession she had been a patient of Sir B. Brodie.

I gave at least an honest opinion, though not a very flattering one to the patient; took my leave and heard nothing more till January 7, 1838; when, finding the disease was spreading more rapidly, and no hope of success was held out to them by their surgeon, her father at length determined to bring her to me.

During the time that had elapsed since I first saw her, I was much astonished to

find so great an extension of the disease, which now occupied almost the whole of one side of the face; a great portion of the nose had taken up the disease, which, together with that part of the face already affected, was greatly enlarged, presenting a scaly, leprous appearance, from under which was oozing an unhealthy discharge; and from the cheek bone, extending to the chin, was a hard, large, and firm band, which bound down a considerable portion of the mouth, having much the appearance of Elephantiasis,—altogether presenting a loathsome appearance.

On seeing my patient in this deplorable condition, I thought it my duty to state to the father that I had scarcely a hope of effecting a cure, but if he still persisted in his wishes I would make the attempt.

The day following I commenced my somewhat fearful undertaking, and for some time steadily persevered without a ray of hope; and was not a little discouraged by an assurance from her mother that, such was the state of her daughter's health, it was almost impossible to restore to a healing state, any wound, however small,—even the scratch of a pin. I was, however, in a situation from which I could not recede, and at length some symptoms of improvement were evinced which happily continued. Suffice it to say that in somewhat more than six months a most satisfactory and perfect cure was effected.

As references in this case I give Mrs. Newman, 34, Somerset Street, Portman Square; Mr. Gray, the father of the

young lady, who resides at the Hyde, Edgware Road; and W. R. Vickers, Esq., Surgeon, 32, Baker Street, Portman Square, who was an eye witness of my procedure in this, and the case preceding, and volunteered himself as a reference in both cases.

I shall confine myself to these cases for the reasons given at the close of the cases on Cancer, and in conclusion must enter my protest, along with that high authority Sir A. Cooper, against low diet in all these diseases. I am aware that many continental and British physicians are strong advocates of the *cura famis*, of the severest regimen, and almost decided abstinence, but my experience inclines me, whilst soothing and subduing the morbid sensibility of the diseased parts, to support

the energies of life and give vigour to the frame, by due attention to the digestive functions, and by nourishing, but not stimulating fare; "a practice," observes Dr. Copeland, "in accordance with accurate observation, and rational induction."

THE END.

G. NORMAN, PRINTER, MAIDEN LANE, COVENT GARDEN.